

Title: **MEPRS Hot Topics**

Session: **W-4-0900**



Objectives

- Provide an update of current issues impacting the MEPRS community
- Provide information about new policies, procedures, system updates, and portal tools available now and coming soon



KUDOS

Navy Is #1!



Overview

- MEPRS Policy Updates
 - DoD 6010.13-M (MEPRS Manual)
- System Development / Maintenance Improvements
 - Expense Assignment System (EAS) IV System Change Request (SCR) Updates
 - Defense Medical Human Resource System Internet (DMHRS*i*) Labor Cost Assignment (LCA) Module Updates
- MEPRS Data Quality Surveillance, Analysis and Education
 - Surveillance
 - Analysis
 - Education



MEPRS Policy & Business Rules Oversight

- MEPRS Management Improvement Group (MMIG)
 - Established in 1999
 - Provides Functional Oversight
 - Tri-Service Integration, Standardization and Compliance—now includes JTF CAPMED representatives
 - Automated Information System Oversight
 - Coordinates Policy / Action with Resource Management Steering Committee (RMSC)
 - Meeting Minutes and Information on www.meprs.info



MEPRS Policy & Business Rules Oversight

TMA Program Offices (DHIMS / DH/BS)

HA / TMA Directorates

Chartered Workgroups (UBU / UBO)



Service MEPRS POCs

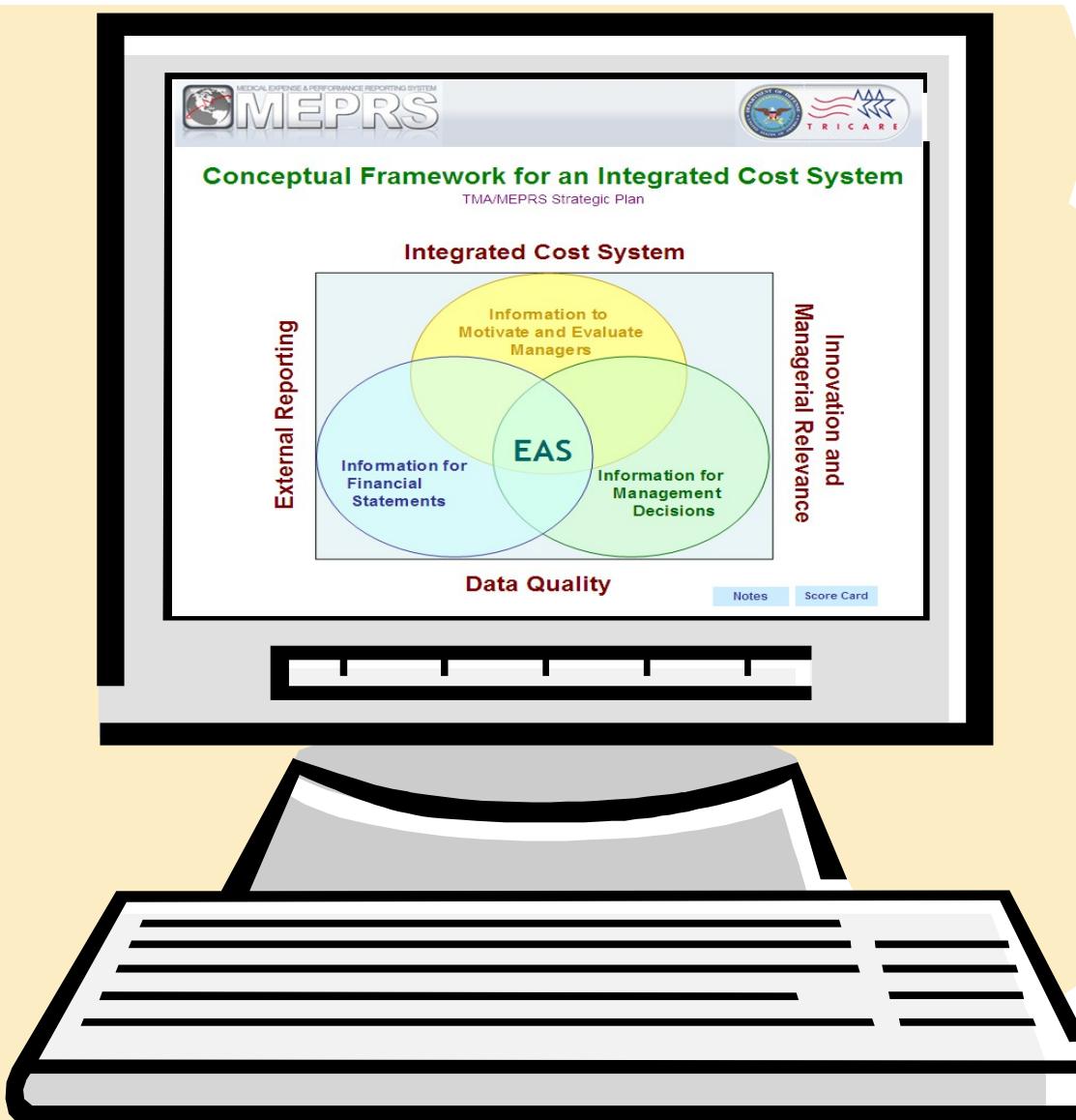
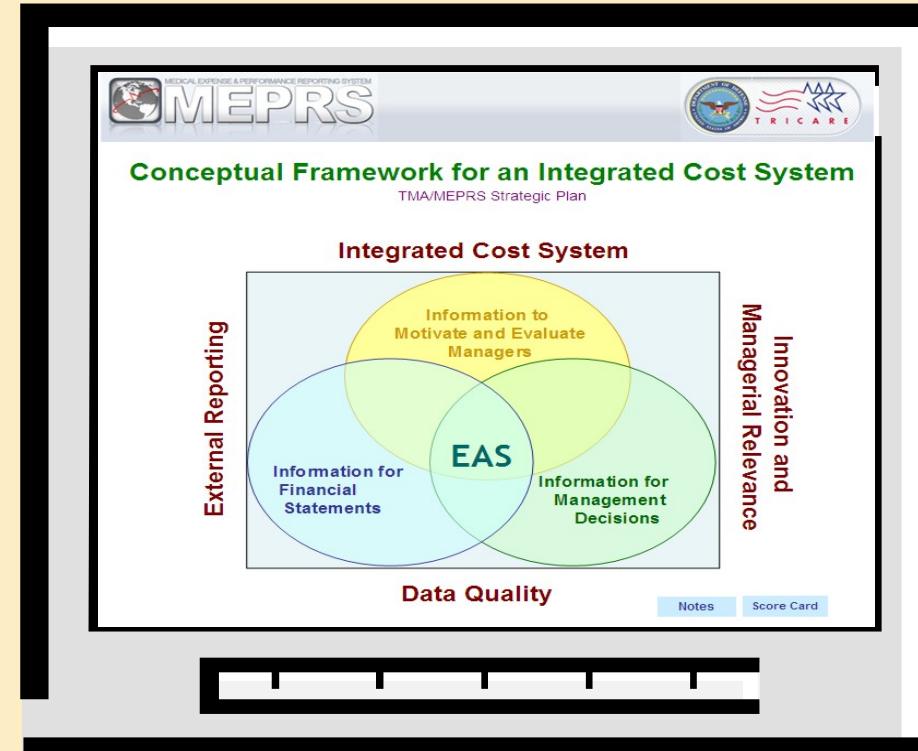




MEPRS Strategic Goals

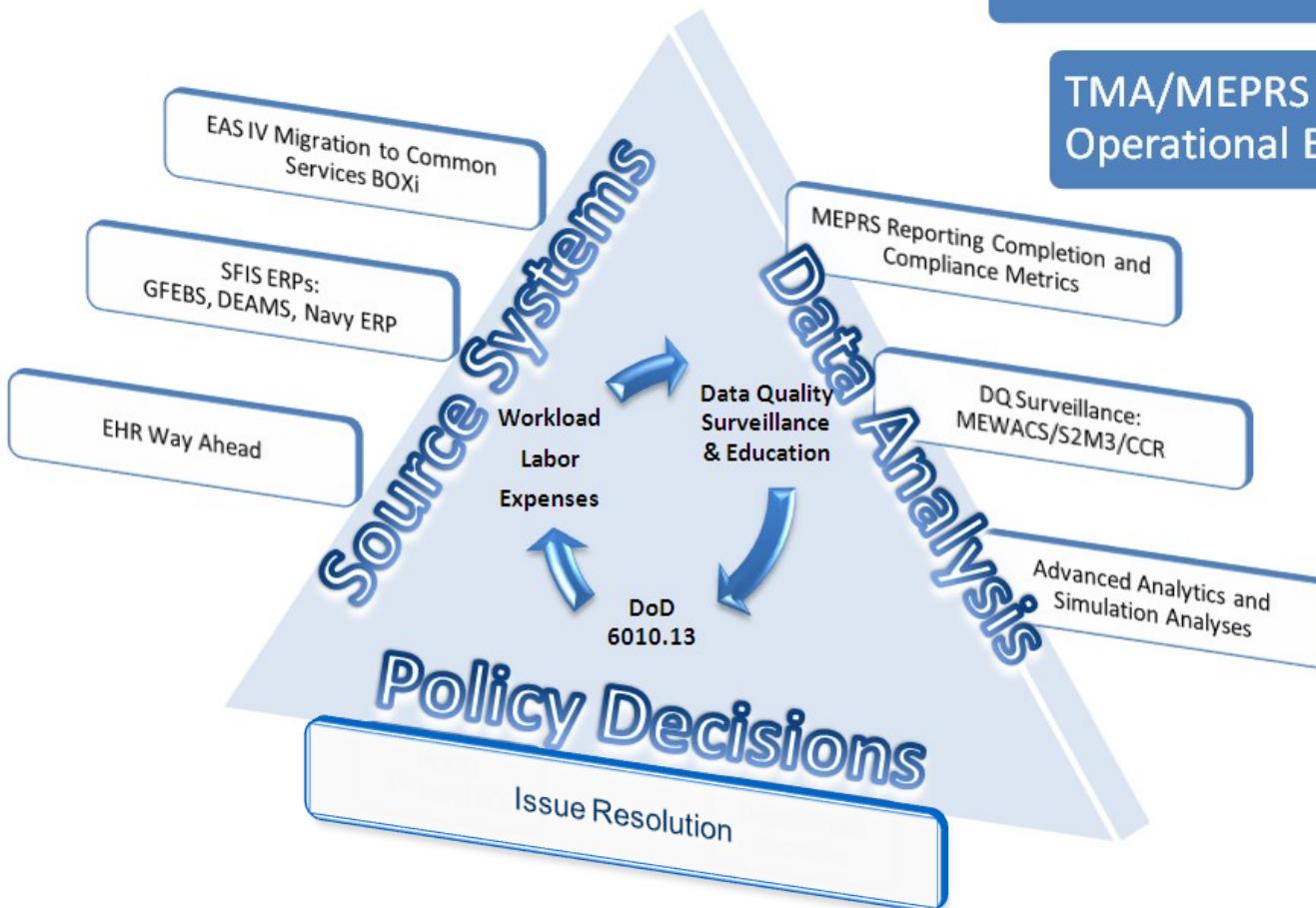
FY2011 MEPRS Strategic Plan

- **Goal 1:** Enhance data quality by systematically eliminating data compilation errors to include mathematical errors, large variances, and significant year-end adjustments.
- **Goal 2:** Sustain and enhance Tri-Service data uniformity, integrity, consistency and compliance with DoD MEPRS policy.
- **Goal 3:** Transform MEPRS to produce managerially relevant data to support the MHS Strategic Goals and Senior MHS Stakeholders' operational objectives.
- **Goal 4:** Support financial reporting and product cost management through linked databases.





MHS-MEPRS Execution Model

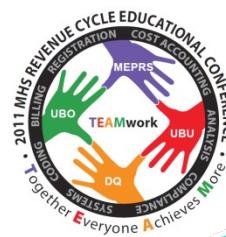




DoD 6010.13-M Policy Update

- DoD 6010.13M (dated April 7, 2008)
 - Provides Tri-Service MEPRS program policy and guidance to all MEPRS reporting MTFs / DTFs
 - Download from/access online: www.meprs.info

Chapter 1:	General Information
Chapter 2:	Chart of Functional Cost Codes
Chapter 3:	Guidelines And Reporting Requirements
Chapter 4:	Issue Resolution Process
Appendices	Acronyms, Definitions, Guidelines for reporting FTEs



MMIG Approved Changes as of 30 September 2010

Functional Cost Code (FCC) Changes

- Obstetrics/Gynecology consolidation FCC BCB*
- Inactivate Inpatient Family Medicine FCCs AGB-AGG
- Update Military Patient Personnel Administration FCC FED* to incorporate Disability Evaluation System (DES) functions

Depreciation FCC EA** Changes

- Correct depreciation threshold from investment equipment to the capitalization threshold \$100K
- Update depreciation distribution percentages
- New definitions and references from DoD FMR

Skill Types Table

- Nurse Case Manager (3E)
- Occupational Health Nurse (2H) and Community Health Nurse (2C)--Credentialed
- Occupational Health Nurse (3H) and Community Health Nurse (3C)—Non-Credentialed

DoD 6010.13M Policy Update Next Steps

We Are Here

45+ days

Internal HA/TMA Coordination

- MMIG
- HA /TMA Directorates

30+ days

DoD OGC and WHS pre-coordination

- Legal Review
- Compliance Review

90+ days

Formal SD 106 Coordination

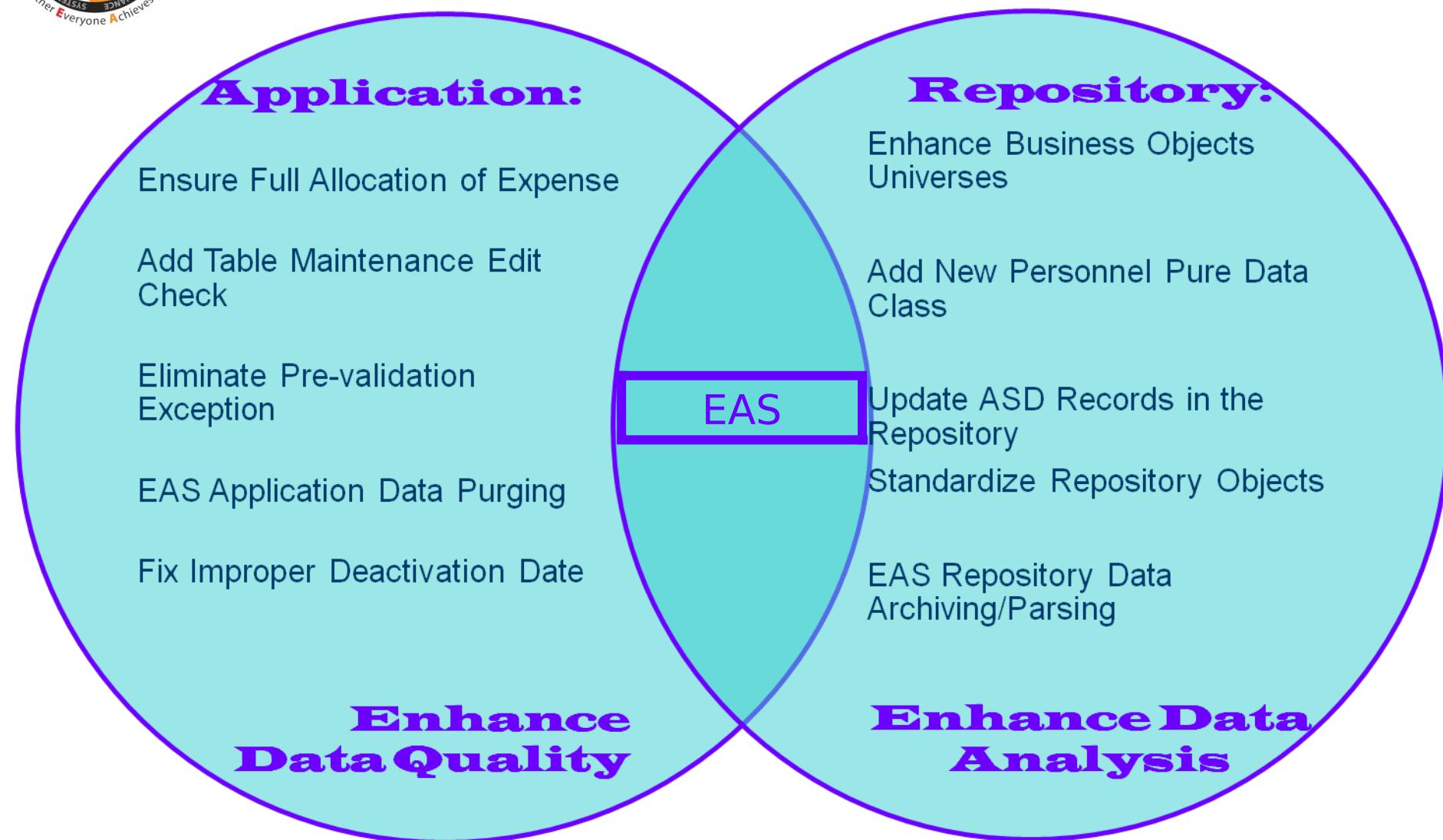
- Mandatory
- Primary
- Collateral





EASIV System Change Requests

Release 5.3 FY12



DMHRS*i* LCA Module Updates

- DMHRS*i* reports current and future human resource needs for MHS
 - Identifies staff
 - Where they work
 - Filled and vacant positions
 - Training records
 - **All hours charged to each work center—Labor Cost Assignment Module (LCA)**
- Product features
 - Integrates human resource data from Service source systems
 - Reports personnel readiness data
 - Tracks personnel education, training, **and labor costs**
- Benefits to the MHS
 - Allows ready access to essential manpower data
 - Simplifies and centralizes medical personnel asset visibility
 - **Supports military healthcare human resource management**





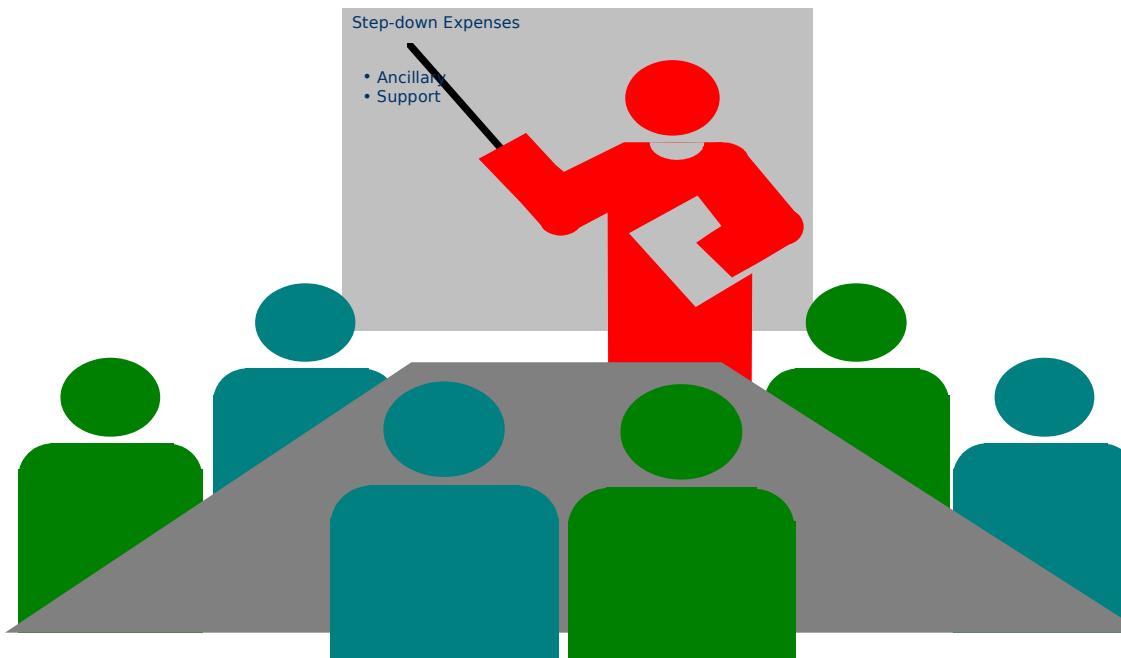
DMHRS*i* LCA Module Updates

- The MMIG's role DMHRS*i*:
 - Functional Proponent for Labor Cost Assignment Module Business Rules
 - Requirements Identification
 - Joint Application Design Working Group
 - Issue Identification and Resolution
- Current Issues:
 - Timecard Reconciliation
 - Personnel reaching Salary Caps
 - Physicians and Dentists ineligible for overtime
- Status:
 - Solution to salary cap issue is in preliminary design review DMHRS*i* PO
 - Still working solutions for Physicians and Dentists



Data Quality Surveillance, Analysis and Education

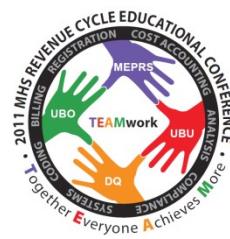
MEPRS Data Quality Surveillance, Analysis and Education Highlights





Objective

Provide information about new policies, procedures, system updates, and portal tools available now and coming soon.



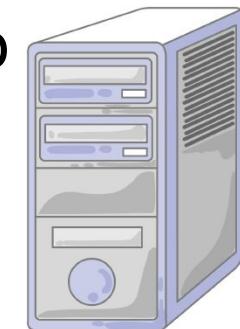
Overview

- EAS IV Repository
- MEPRS.INFO
- Summary



EAS IV Repository Updates

- Upgrade to BOXI R3 and migrate system to the common services environment
- Standardize object labels/terminology
- Creation of Total Expense object (Class 6, 21)
- Creation of a Total Available FTE object (Class 7, 21)
- Deletion of Nursing Acuity object (Class 21)
- Hiding of Fixed Cost Percent object (Class 5)
- Formatting of Occupation Code table to ~~that~~
- Institution of an archival process
- Creation of Personnel Pure Class





EAS IV Functional Data Dictionary

Class 07 [Personnel Detail]



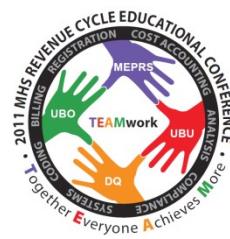
Object Field Name	Description	Source	Type	Data Type	Length	Max Values	Caveats	Notes
Available FTE	Labor contributed to a work center based on personnel reporting time to that work center to include attached, borrowed, contracted, and volunteer staff. One FTE equals 168 hours or one month.	Personnel Interface	Measure	decimal	8,2		If a query is run with FTEs for a fiscal year (i.e., not including Fiscal month in the query), the system will add the FTEs reported for each fiscal month, which is an overstated result; therefore, the result needs to be divided by the number of months with data.	FCC level Available FTEs and FTE Salary Expense data are NOT purfied. They remain in cost pools. To view Total Available FTEs, add Available FTEs and Purfied Available FTEs.
Nonavailable Leave FTE	Nonavailable Leave Full-Time Equivalent (FTE) is the amount of actual hours expended in support of official leave unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.	Personnel Interface	Measure	decimal	11,4			
Nonavailable Other FTE	Nonavailable other Full-Time Equivalent (FTE) is the amount of actual hours expended in support of other activities unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.	Personnel Interface	Measure	decimal	11,4			
Nonavailable Sick FTE	Nonavailable Sick Full-Time Equivalent (FTE) is the amount of actual hours expended in support of sick time or hospitalization unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.	Personnel Interface	Measure	decimal	8,2			
Available Salary Expense	Available Salary Expense for personnel. Salary Expense incurred as a result of providing service directly to the work center.	Personnel Interface	Measure	money	14,2			
Nonavailable Salary Expense	Nonavailable Salary Expense is the Salary Expense incurred for hours expended in support of official	Personnel Interface	Measure	money	14,2			



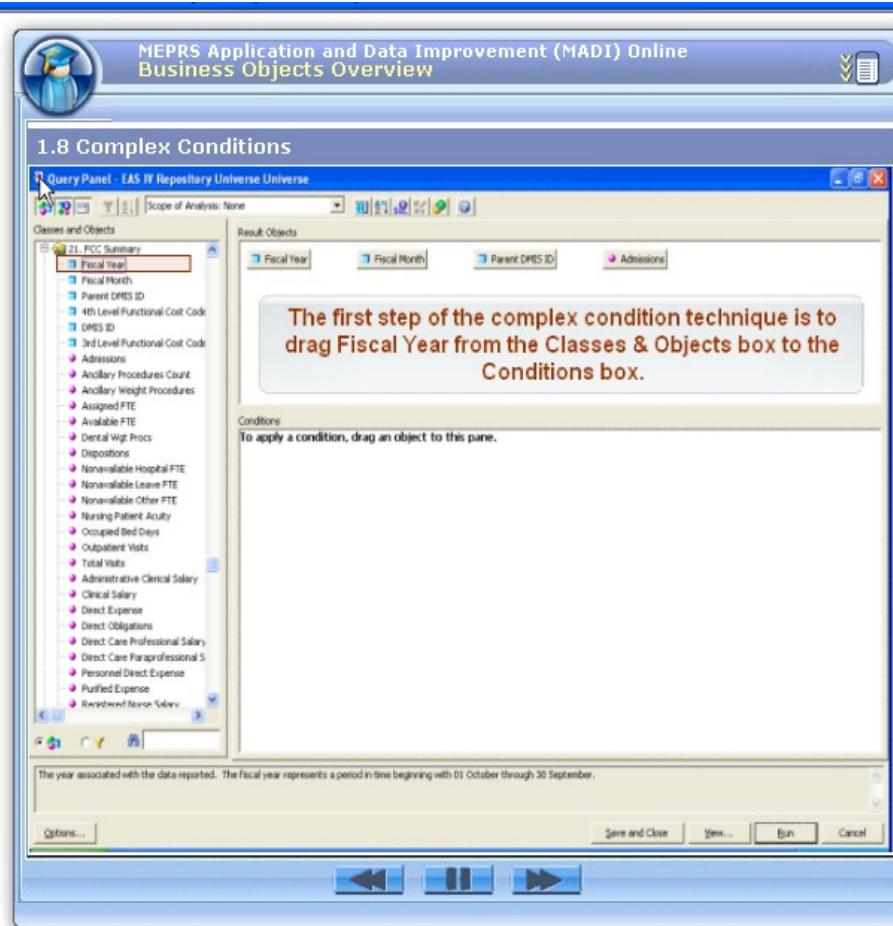
MEPRS.INFO



<http://www.meprs.info>



Five-Minute MEPRS University (5M2U)



- A Web-based distance learning vehicle that offers animated tutorials that illustrate MEPRS concepts and processes.
- Each tutorial contains targeted learning content and is approximately five minutes long.
- Consists of the five core modules that make up the MEPRS Application and Data Improvement (MADI) course as well as modules to guide the repository user through common data extraction scenarios.



QUEST - Advanced MEPRS Course

A hands-on, instructor-based, interactive learning experience designed to provide participants the tools to perform meaningful analyses, to provide support for decision making, and to assess efficiency and productivity.

Attendees will learn a step-by-step approach to data analysis targeting data available in the EAS IV repository.





MEPRS Early Warning and Control System

MEWACS

MEPRS Early Warning and Control System

Data extracted February 16, 2011

Data Load Status

Percent of 2011 MEPRS Data Reported(Completion): 85.2%

Current Fiscal Month Compliance with 45-day Reporting Requirement(Compliance): 79.6%

YTD Compliance with 45-day Reporting Requirement: 70.8%

Percent of MTFs with 3 or more late MEPRS data submissions: 17.1%

ID	Name	Service	01	02	03
0001	FOX AHC - REDSTONE ARSENAL	A	02/01/2011	02/01/2011	02/02/2011
0003	LYSTER AHC-FT. RUCKER	A	01/13/2011	01/19/2011	02/03/2011
0004	42ND MEDICAL GROUP - MAXWELL	F	01/19/2011	02/03/2011	02/10/2011
0005	BASSETT ACH-FT. WAINWRIGHT	A	12/13/2010	01/03/2011	02/01/2011
0006	3rd MED GRP-ELMENDORF	F			
0008	R W BLISS AHC - FT. HUACHUCA	A	02/08/2011	02/08/2011	02/11/2011
0009	56th MED GRP-LUKE	F	01/31/2011	01/19/2011	02/11/2011
0010	355th MED GRP-DAVIS MONTHAN	F	02/07/2011	02/07/2011	02/09/2011
0013	19th MEDICAL GROUP-LITTLE ROCK	F	12/20/2010	01/27/2011	
0014	60th MED GRP-TRAVIS	F	02/07/2011	02/08/2011	02/14/2011
0015	9th MED GRP-BEALE	F			
0018	30th MED GRP-VANDENBERG	F	12/14/2010	01/13/2011	02/14/2011
0019	95th MED GRP-EDWARDS	F			
0024	NH CAMP PENDLETON	N	12/10/2010	01/24/2011	02/09/2011
0028	NH LEMOORE	N	01/11/2011	01/28/2011	02/08/2011
0029	NMC SAN DIEGO	N			
0030	NH TWENTYNINE PALMS	N	12/15/2010	01/14/2011	02/15/2011
0032	EVANS ACH-FT. CARSON	A	12/15/2010	01/14/2011	02/13/2011

Export to Excel.

SUBMIT



Consolidated Cost Report (CCR)

FY11 MEPRS Consolidated Cosport: JTF CapMed

[Go to FY11 Data](#)[Front Page](#)[Go to FY10 Baseline](#)**Select Parent Facility Below**

0037 - WALTER REED AMC-WASHINGTON DC

Month Below**Select 1st-Level FCC Code**

MEPRS B - Outpatient

Key: +/- 3 Std. Deviations from FY10 baseline month

4th Level Functional Cost Code	4th Level Functional Cost Code Description	Purified Direct Labor Expense	Purified Direct Non-Labor Expense	Total Indirect Expenses (E & D)	FY11 Data			
					EA	EBH	OTHER EB	ED
					DEPRECIATION	THIRD PARTY COLLECTIONS ADMINISTRATION	COMMAND, MANAGEMENT, AND ADMINISTRATION	SUPPORT SERVICES
					OBO / TOTV	CLAIMS BILLED	AVAILABLE FTE	SQUARE FOOTAGE
BAAA	INTERNAL MEDICINE CLINIC	\$552,308	\$177,717	\$1,745,788	\$34,587	\$24,704	\$125,298	\$84,238
BABA	ALLERGY CLINIC	\$154,924	\$127,458	\$265,209	\$9,661	\$1,994	\$71,206	\$22,601
BABQ	ALLERGY VISITS(PENTAGON)	\$14,699	\$2,594	\$46,034	\$1,014	\$0	\$4,846	\$0
BAC5	APV CARDIOLOGY CLINIC	\$10,649	\$0	\$1,045,739	\$146	\$159	\$1,856	\$0
BACA	CARDIOLOGY CL	\$246,169	\$6,727	\$309,018	\$11,353	\$4,465	\$70,027	\$37,018
BACQ	CARDIOLOGY CL PENTAGON	\$20,380	\$403	\$11,945	\$452	\$0	\$5,342	\$0
BAFA	ENDOCRINOLOGY (METABOLISM) CLINIC	\$171,350	\$34,075	\$272,668	\$8,235	\$3,910	\$49,843	\$20,172
BAG5	APV GASTROENTEROLOGY CLINIC	\$15,294	\$0	\$372,357	\$1,562	\$1,031	\$8,753	\$0
BAGA	GASTROENTEROLOGY CL	\$342,478	\$77,816	\$370,336	\$6,422	\$2,300	\$93,996	\$34,136
BAJ5	APV NEPHROLOGY CLINIC	\$705	\$0	\$316	\$5	\$0	\$241	\$0
BAJA	NEPHROLOGY CLINIC	\$170,454	\$20,073	\$632,228	\$5,699	\$5,247	\$32,120	\$21,634
BAKA	NEUROLOGY CLINIC, ADULT	\$230,598	\$4,257	\$257,930	\$6,031	\$601	\$84,303	\$50,302
BAKB	NEUROLOGY CLINIC, CHILD	\$47,582	\$51	\$60,752	\$1,526	\$113	\$12,323	\$11,050
BALA	NUTRITION CLINIC (INCLUDES OUTPNT/INPN)	\$36,028	\$489	\$28,665	\$3,490	\$34	\$10,513	\$8,349
BAMA	ONCOLOGY CL	\$324,290	\$19,788	\$540,996	\$6,116	\$3,887	\$83,361	\$32,131
BAN5	APV PULMONARY DISEASE CLINIC	\$4,811	\$0	\$2,952	\$30	\$0	\$2,364	\$0
BANA	PULMONARY DISEASE CL	\$195,099	\$190	\$326,505	\$5,724	\$737	\$59,538	\$21,423
BAOA	RHEUMATOLOGY CL	\$116,826	\$555	\$211,631	\$3,344	\$1,451	\$26,935	\$10,244
BAPA	DERMATOLOGY CL	\$158,527	\$16,267	\$141,146	\$5,132	\$1,009	\$42,055	\$11,878
RAPO	DERMATOLOGY CL PENTAGON	\$325	\$0	\$793	\$30	\$0	\$266	\$0



Six Sigma MEPRS Management Metrics (S2M3)

Six Sigma MEPRS Management Metrics (S2M)



FY09/FY10 Upda

All data obtained from the EAS IV Repository and M2 on October 1, 2018.



Click on a peer group below to view a specific metric

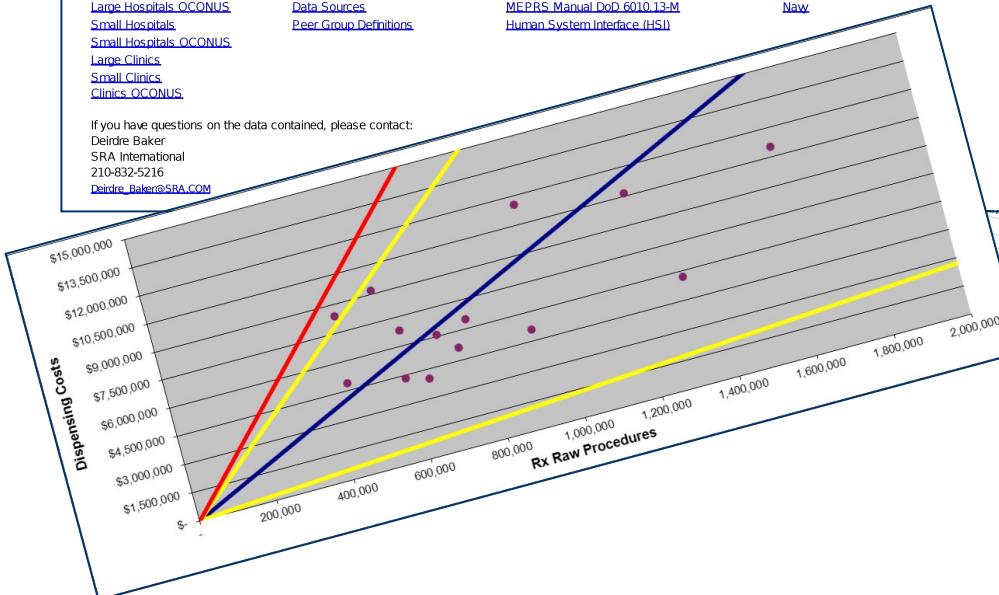
Executive Summary:
Medical Centers
Large Hospitals
Large Hospitals OCONUS
Small Hospitals
Small Hospitals OCONUS
Large Clinics
Small Clinics
Clinics OCONUS

Notes:
Six Sigma Description
Definition of Metrics
Data Sources
Peer Group Definitions

- External MEPRS Resources
 - [MEPRS Web Portal](#)
 - [MEWACS](#)
 - [MEPRS Manual DoD 6010.2](#)
 - [Human System Interface \(HSI\)](#)

MTF-Peer Group Log

If you have questions on the data contained, please contact
Deirdre Baker
SRA International
210-832-5216
Deirdre.Baker@sra.com



Management and Control Metrics Executive Summary by Peer Group*						
Ratio of Support Personnel to Other FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG	Standardized Average
0.56	0.93	0.32	0.99	1.10	1.18	1.03
1.52	0.84	1.41	0.16	1.21	0.84	0.84
-0.22	0.47	1.52	0.17	0.31	0.58	0.58
0.16	0.76	-0.38	1.14	0.60	0.53	0.52
-0.68	0.29	0.73	0.41	0.31	0.18	0.18
2.12	1.15	2.04	1.01	1.44	0.36	0.36
-0.60	0.07	-0.60	1.14	0.60	0.05	0.05
0.77	-0.41	-0.53	0.41	0.31	0.08	0.08
-0.27	0.54	-0.58	-0.33	-0.05	-0.36	-0.36
0.36	-0.41	0.25	0.90	1.06	-0.27	-0.27
-1.21	-1.58	-0.01	0.09	1.15	-0.97	-0.97
-1.35	0.24	-0.38	-1.83	-0.62	-1.09	-1.09
-0.78	-1.45	-1.19	1.10	-1.15	-1.13	-1.13
	-1.87	-0.98	-1.14	-1.94		
		-0.87	-1.03	-1.29	-0.87	
			-1.29	-1.00		

— score sign reflected in the S2M3 Executive Summary has been changed to positive. The Z-score across all metrics, thus positive Z-scores indicate more desirable values and a negative Z-score denotes a dispensing cost that falls below the peer group average.



MEPRS.INOrmer

MEPRS.INOrmer MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM

Volume 4, Issue 1 November 2006

Pat's Chat
A Message from the Program Manager

With FY07 off to a running start, the TMA MEPRS Program Office is working several new initiatives in support of MEPRS data quality improvement.

We kick off the new fiscal year with a sneak peek of MyMEPRS, an upgrade to the MEPRS Information Portal intended to promote communication among the MEPRS field and more actively involve the portal user base. The MyMEPRS functionality offers dynamic forums and calendars that put you in the driver's seat, allowing you to share your expertise and network with peers. Learn more about MyMEPRS in our cover story, and keep your eye out for its debut in the coming months.

The MEPRS INOrmer turns three years old this month, and we've changed its look to help celebrate. We hope you appreciate the revamped design and color scheme, which was developed in conjunction with the modernized look of the portal.

Relative Value Units (RVUs) continue to play a significant role in business planning and resource allocation, and we offer an overview of how they are derived for the MHS. Find out which data sources to tap for different studies and which caveats to note when analyzing RVU data from the IAS-IV Repository.

The FY07 conference is in the works, and we still want your feedback. Use the *Contact Us* feature on the MEPRS Information Portal to let us know which learning topics you would like included in the breakout and plenary sessions. We are shooting for a July conference date and plan to offer more functional content than in years past.

I would like to take this opportunity to thank you for all your hard work and wish you a safe and peaceful holiday season. I look forward to another great year with all of you filled with even more MEPRS successes.

Patrick Wesley
MEPRS Program Manager, TMA
Chairman, MMIG

MyMEPRS Promotes Portal Interaction

More and more users are using the MEPRS Information Portal with MyMEPRS, an exciting feature that lets users connect with peers and contribute to site content. The hallmark functionality, which comes online in early FY07, is expected to improve the usability of the portal and foster interaction among the MEPRS community.

The MEPRS Information Portal debuted in 2003 as a knowledge sharing depot for the MEPRS constituency. Since its inception, it has filled a critical Military Health System (MHS) need for centralized MEPRS resources. Users from Military Treatment Facilities (MTFs) worldwide refer to the portal to monitor their MEPRS data quality, access MEPRS policy guidance, and register for training opportunities. A principal vehicle for relaying MEPRS initiatives, the site is an integral component of TMA's web architecture.

See MyMEPRS Coming Soon on Page 2

Inside This Issue

Pg 1 MyMEPRS Promotes Portal Interaction
Pg 3 Understanding Relative Value Units
Pg 4 Conference Planning Continues
Pg 5 MEPRS Manual Revision Progress
Pg 6 MMIG Schedule Released
Pg 7 Useful Sites and Points of Contact

The MEPRS INOrmer pg 1



Human Systems Interface (HSI)

MEPRS MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM

TRICARE

LOGIN

MEPRS Home

» MyMEPRS

Registration

5M2U

» Members

Events Calendar

» Learning Resources

» MEWACS

» MEPRS Management Improvement Group (MMIG)

» Request EAS IV Repository Access

» Functional User Guides

» Quick Links

» 2011 Revenue Cycle Conference

» 2010 MEPRS Conference

» 2008 MEPRS Conference

» 2007 MEPRS Conference

» 2005 MEPRS Conference

Consolidated Cost Report (CCR)

EAS IV Functional Data Dictionary

Six Sigma MEPRS ManagementMetrics(S2M3)

MEPRS Newsletter

MEPRS Minute

MEPRS Manual (DoD 6010.13-M) (PDF)

EAS IV Program Office Updates

MEPRS Questions? Contact Us

Please use this form to enter your comment or question. A member of the Human System Interface team will respond to any questions as quickly as possible. Thank you for your feedback.

* = Required Field

Name	<input type="text"/>
Phone	<input type="text"/>
E-mail*	<input type="text"/>
Service	<input type="radio"/> Army <input type="radio"/> Navy <input type="radio"/> Air Force <input type="radio"/> TMA <input checked="" type="radio"/> Other <input type="text"/>
Comment*	<input type="text"/>

Submit

Internet 100%



Summary

- Many EAS IV repository enhancements are coming over the next year that should improve the efficiency as well as the user friendliness of the system.
- Information and tools are available on the MEPRS Web portal to include a Contact Us page.



Summary

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- MEPRS Data Quality Surveillance, Analysis and Education
 - Surveillance
 - Analysis
 - Education



Q&A

Questions?



Acronym List

M2 - MHS Mart	DMHRSi - Defense Medical Human Resources System Internet
MDR - MHS Data Repository	MEPRS WebPortal - Medical Expense and Performance Reporting System Web Base Portal
CHCS/AHLTA - Composite Health Care System/Armed Forces Health Longitudinal Technology Application	EAS IV Repository - Expense Assignment System IV Repository FMR-Financial Management Regulations
Svc Fin Sys - Service Financial System	DQ CC Statement - Data Quality Commanders Statement
EHR-WA - Electronic Health Record - Way Ahead	Six Sigma - MEPRS Management Metrics (S2M3) SCR-System Change Request
MERHCF - Medicare Eligible Retiree Health Care Fund	MEWACS - MEPRS Early Warning and Control System
PPS - Prospective Payment System	PCMH - Patient Centered Medical Home
MADI/5M2U - MEPRS Application and Data Improvement/ Five Minute MEPRS University	LCA-Labor Cost Assignment DCPS-Defense Civilian Personnel System